# UTAH STATE DEPARTMENT OF HUMAN SERVICES DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH

## **APPLICATION FOR DUI INSTRUCTOR CERTIFICATION**

Please note that you must be employed by a DHS licensed substance abuse treatment agency to register for Prime For Life instructor training.

Full Name	Employing Agency
Home Address & Zip Code	Business Address & Zip Code
Home Phone	Agency Phone
Social Security Number	<b>Employment Start Date</b>
E-mail address:	
	Program License #
Title: Fro	om to
Duties:	
Education (Highest level completed and Degree(s):  Licenses/Certifications:	
Second Language:	
Next available trainings:	
March 3-6, 2008: Utah County Health and Justice Building, Provo, Utah.	
April 29- May 2, 2008: St. George Crystal Inn, St. George, Utah.	
October 27- 30, 2008: The Yarrow, Park City, Utah.	
Please contact Diane Padgett at Prevention Research Institute to register: <a href="mailto:diane@askpri.org">diane@askpri.org</a> or 1-800-922-9489.	
All registration, travel and meal expenses are the responsibility of the attendee.	

I understand that I am bound by Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot disclose records or information without the client's written consent unless otherwise provided for in the regulations (Code of Federal Regulations).

I attest to the best of my knowledge that all information in this application is accurate and complete. I understand I must complete DSAMH required training and testing in order to be certified/recertified as a DUI Instructor.

### **Applicant's Signature**

#### **Date of Signature**

This is to certify that I have reviewed the requirements of Instructor certification in accordance with Section R544-4-4 of the Utah Administrative Code and determined he/she is qualified to be trained and tested for DUI certification/re-certification.

#### **Employing Agency Director or Designee**

**Date of Signature** 

#### SUBMIT THIS APPLICATION PRIOR TO TRAINING TO:

Holly Watson
State Division of Substance Abuse & Mental Health
120 North 200 West, Room 209
Salt Lake City, Utah 84103

Phone: (801) 538-4233 Fax: (801) 538-9892

e-mail: hwatson@utah.gov